

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

1901

PLACE OF BIRTH

**ARIZONA STATE BOARD OF HEALTH**

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

1. County of Gila  
District of Globe  
Town of Globe  
or Globe  
City of Globe

No. 700 E. Oak St St.  Ward   
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Margaret Francis Foster If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births.

4. Twin, triplet or other  5. Legitimate? yes 6. Date of birth May 23, 1929  
Month May day 23 year 1929

8. FATHER  
Full name Adolph B. L. Foster

9. Residence (Usual place of abode) Globe  
If nonresident, give place and state Ariz.

10. Color or race White

11. Age at last birthday 34 (Years)

12. Birthplace (city or place) Bisbee  
(State or country) Arizona

13. Occupation  
Nature of industry Miner

14. MOTHER  
Full maiden name Francisca M. Renteria

15. Residence (Usual place of abode) Globe  
If nonresident, give place and state Arizona

16. Color or race White

17. Age at last birthday 23 (Years)

18. Birthplace (city or place) Douglas  
(State or country) Arizona

19. Occupation  
Nature of industry House wife

20. Number of children of this mother 4  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living four  
(b) Born alive but now dead none  
(c) Stillborn none

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 5:45 P. m. on the date above stated.  
(Born alive or stillborn.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

Signature G. E. Wightman (Physician or midwife)  
Address Globe, Ariz.  
Given name added from supplemental report   
Month, day, year.

Filed 6/7, 1929, G. E. Wightman Local Registrar.  
Filed , 19,  County Registrar.

Registrar.

469-523-691

WIGHTMAN